

For Bed Mobility, Toilet Use, and Transfer, residents who are coded

as: Independent or needing Supervision receive a value of 1
 Needing Limited Assistance receive a value of 3
 Requiring Extensive Assistance or Total Dependence--
 with 1 person physical assist receive a value of 4
 with 2+ person physical assist receive a value of 5

For Eating, residents who are coded as:

Independent or need Supervision receive a value of 1
 Needing Limited Assistance receive a value of 2
 Requiring Extensive Assistance/Total Dependence:
 (including feeding tubes and parenteral feeding) 3

The ADL Index may range from a low of four (4) to a high of eighteen (18). The following example illustrates how an ADL Index is computed. Assume a resident is independent in bed mobility, requires extensive assistance with one-person assist in toilet use, requires limited assistance with transferring and is independent in eating. This resident's ADL Index would be computed as follows:

-Bed mobility (independent) 1
 -Toilet use (extensive assistance with 1-person assist) 4
 -Transfer (limited assistance) 3
 -Eating (independent) 1
 ADL Index 9

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The ADL Index is an extremely important component of all classifications, providing the final determination of group (Note: the exception is in the major category of Extensive Care where a resident must meet an ADL Index requirement before being classified into Extensive Care). An ADL Index is calculated for all assessments.

Depression Groups

The major category of Clinically Complex has first level splits which indicate whether or not a resident meets specific indicators of depression. In order to be classified in one of the depression groups, the following criteria must be present based on the MDS:

Persistent sad or anxious mood and three or more of the mood and behavior patterns specified in the version 5.12 of the Mississippi M³PI.

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Nursing Rehabilitation Groups

Three of the major categories have as their first level split a determination of whether or not a resident is receiving nursing rehabilitation activities. The major categories for which this split applies are Impaired Cognition, Behavior Problems, and Reduced Physical Functioning.

In order to be computed as receiving Nursing Rehabilitation, a resident must receive two (2) or more types of nursing rehabilitation at least six (6) days a week a minimum of fifteen (15) minutes a day. Nursing Rehabilitation includes the techniques/practices specified in the version 5.12 of the Mississippi M³PI.

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In a hierarchical classification system, assessments are sorted from those having the highest acuity/resource utilization to those with the least acuity/resource utilization. Once the criteria for placement in one of the seven major categories is met, the M³PI calculation program looks at the assessment on the basis of the ADL Index and whether or not it meets the requirements for Depression or Nursing Rehabilitation. Once that has been determined, the final classification is made.

An additional classification is included to allow placement of assessments for whom calculation in the M³PI is not possible due to errors. This classification (BC1) is given the same weight as the lowest classification.

The classification of residents will be performed by computer at the Division of Medicaid using the MDS assessments and the M³PI calculation program. Submission requirements are addressed in section 3-2(A).

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Each of the thirty-four (34) resident classifications as well as the default classification have been assigned case-mix weights. The Mississippi base weights are listed in the following table for all M³PI categories. At such time that sufficient and relevant data is collected, the Mississippi Case Mix Advisory Committee may recommend re-calibration of the Mississippi case mix base weights.

MS MEDICARE/MEDICAID PAYMENT INDEX (M³PI)

34 CATEGORIES

EXTENSIVE CARE CATEGORIES

<u>M³PI GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>MISSISSIPPI BASE WEIGHT</u>
SE3	Extensive Special Care 3	All ADLs > 6	2.839
SE2	Extensive Special Care 2	All ADLs > 6	2.316
SE1	Extensive Special Care 1	All ADLs > 6	1.943

REHABILITATION CATEGORIES

<u>M³PI GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>MISSISSIPPI BASE WEIGHT</u>
RAD	Rehabilitation All Levels	ADL 17 - 18	2.284
RAC	Rehabilitation All Levels	ADL 14 - 16	1.936
RAB	Rehabilitation All Levels	ADL 10 - 13	1.772
RAA	Rehabilitation All Levels	ADL 4 - 9	1.472

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SPECIAL CARE CATEGORIES

<u>M³PI GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>MISSISSIPPI BASE WEIGHT</u>
SSC	Special Care	ADL 17 - 18	1.877
SSB	Special Care	ADL 15 - 16	1.736
SSA	Special Care	ADL 7 - 14	1.709

CLINICALLY COMPLEX CATEGORIES

<u>M³PI GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>MISSISSIPPI BASE WEIGHT</u>
CC2	CLN.COMP. W/DEPRESSION	ADL 17 - 18	1.425
CB2	CLN.COMP. W/DEPRESSION	ADL 12 - 16	1.247
CA2	CLN.COMP. W/DEPRESSION	ADL 4 - 11	1.043
CC1	CLIN. COMPLEX	ADL 17 - 18	1.311
CB1	CLIN. COMPLEX	ADL 12 - 16	1.154
CA1	CLIN. COMPLEX	ADL 4 - 11	0.934

COGNITIVELY IMPAIRED CATEGORIES

<u>M³PI GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>MISSISSIPPI BASE WEIGHT</u>
IB2	COG.IMP.W/NURSING REHAB	ADL 6 - 10	1.061
IA2	COG.IMP.W/NURSING REHAB	ADL 4 - 5	0.777
IB1	COG. IMPAIRMENT	ADL 6 - 10	0.938
IA1	COG. IMPAIRMENT	ADL 4 - 5	0.703

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BEHAVIOR PROBLEMS CATEGORIES

<u>M³PI GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>MISSISSIPPI BASE WEIGHT</u>
BB2	BVR PRBMS W/NURSING REHAB	ADL 6 - 10	1.021
BA2	BVR PRBMS W/NURSING REHAB	ADL 4 - 5	0.750
BB1	BEHAVIOR PROBLEMS	ADL 6 - 10	0.866
BA1	BEHAVIOR PROBLEMS	ADL 4 - 5	0.612

PHYSICAL FUNCTIONING CATEGORIES

<u>M³PI GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>MISSISSIPPI BASE WEIGHT</u>
PE2	PHYS.FUNC.W/NURSING REHAB	ADL 16 - 18	1.188
PD2	PHYS.FUNC.W/NURSING REHAB	ADL 11 - 15	1.095
PC2	PHYS.FUNC.W/NURSING REHAB	ADL 9 - 10	0.937
PB2	PHYS.FUNC.W/NURSING REHAB	ADL 6 - 8	0.824
PA2	PHYS.FUNC.W/NURSING REHAB	ADL 4 - 5	0.637
PE1	PHYS.FUNC.	ADL 16 - 18	1.077
PD1	PHYS.FUNC.	ADL 11 - 15	0.990
PC1	PHYS.FUNC.	ADL 9 - 10	0.865
PB1	PHYS.FUNC.	ADL 6 - 8	0.749
PA1	PHYS.FUNC.	ADL 4 - 5	0.575

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DEFAULT CATEGORYM³PI

MISSISSIPPI

<u>GROUP</u>	<u>DESCRIPTION</u>	<u>ADL SCORE</u>	<u>BASE WEIGHT</u>
BC1	DEFAULT CATEGORY	NOT APPLICABLE	0.575

RESIDENT ASSESSMENTS THAT CONTAIN ERRORS IN FIELDS WHICH PROHIBIT CLASSIFICATION WILL AUTOMATICALLY BE PLACED INTO THIS CATEGORY BY DEFAULT.

3-4 Computation of Per Diem Rate for Nursing Facilities

A per diem base rate will be established annually, unless this plan requires a rate being calculated at another time, for the period July 1 through June 30 until June 30, 2000. The rates established for the period July 1, 1999 through June 30, 2000 will be trended forward to establish rates for the period July 1, 2000 through December 31, 2000. For example, the trend factor established for the rate year July 1, 1999 through June 30, 2000 will be adjusted for each cost report period used to establish the rates for that period in order for the trend factor to be from the mid-point of the cost report period to the mid-point of the rate year. Facilities which filed a cost report for the period January 1, 1998 through December 31, 1998 originally had the trend factor that was established in accordance with this plan multiplied by 1.5 in order to adjust from the midpoint of the cost report period (July 1, 1998) to the midpoint of the rate year (January 1, 2000). In order to set the rates for the period July 1, 2000 through December 31, 2000, that same trend factor will be multiplied by 2.25 in order to adjust from the midpoint of the cost report period (July 1, 1998) to the midpoint of the rate period (October 1, 2000). Beginning January 1, 2001, the per diem base rate year will be January 1 through December 31, unless this plan requires a rate being calculated at another time. A case mix adjustment will be made quarterly based on the MDS forms submitted by each facility in accordance with other provisions of this plan. Cost

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reports used to calculate the rate will be the cost report filed for the period ending in the second calendar year prior to the beginning of the next calendar rate year. For example, the rates effective January 1, 2001 will be determined from cost reports filed for the year ended June 30, 1999 for state owned facilities, for the year ended September 30, 1999 for county owned facilities and for the year ended December 31, 1999 for all other facilities, unless a short period cost report and rate calculation is required by other provisions of this plan. Therapies are paid based on fee for service basis. Costs used in the rate calculations may be adjusted by the amount of anticipated increase in costs or decrease in costs due to federal or state laws or federal regulations. In order to change to the case mix weights for the version 5.12 of the Mississippi M³PI on January 1, 1999, the standard rates for direct care and care related costs will be re-calculated, including the ceiling and the median, for the period January 1, 1999 - June 30, 1999. This re-calculation will include running the case mix scores for the cost report periods used to establish those rates using the version 5.12 weights.

A description of the calculation of the per diem rate is as follows:

A. Direct Care Base Rate and Care Related Rate Determination

Direct care costs include salaries and fringe benefits for registered nurses (RN's), (excluding the Director of Nursing, the Assistant Director of Nursing and the Resident Assessment Instrument (RAI) Coordinator), licensed practical nurses (LPN's) and nurse aides, contract RN's, LPN's, and nurse aides, medical supplies and other direct care supplies.

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Care related costs include salaries and fringe benefits for activities, the Director of Nursing, the Assistant Director of Nursing, RAI Coordinator, pharmacy and social services. It also includes barber and beauty expenses for which the residents are not charged, raw food and food supplements, consultants for activities, nursing, pharmacy, social services and therapies, the Medical Director, and supplies used in the provision of care related services.

1. Calculate the average case mix score for each facility during the facility's cost report period. [Divide the case mix adjusted patient days (the sum of the patient days multiplied by Mississippi Base Weights) by total period patient days.]
 2. Determine the per diem direct care cost for each facility during the cost report period. (Divide direct care cost by total period patient days.)
 3. Divide each facility's per diem direct care cost by its case mix score as determined in 1, above. The result is the facility's case mix adjusted direct care per diem cost. This adjustment expresses each facility's direct care costs as if the facility had a case mix of 1.00.
 4. Add the per diem care related cost for each facility to the case mix adjusted direct care per diem cost calculated in 3, above.
 5. Trend forward each facility's case mix adjusted direct care and care related cost per diem to the middle of the rate year using the trend factor. This is done by multiplying the trend factor in order to trend costs forward from the mid-point of the cost report period to the mid-point of the payment period.
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